applicable



OFFICE USE ONLY	
Receipt #	
Amount Received	
Date Approved	

PERMANENT FOOD SERVICE ESTABLISHMENT APPLICATION

FOOD SERVICE ESTABLISHMENT (FSE) INFORMATION			
FSE Name:	Fa	Facility Phone:	
Applicant/Contact Person:	Title:	Phone:	
FSE Address:	City:	Zip	
Mailing Address:	City:	Zip:	
Estimated Opening Date:	Email addres	SS:	
PERMIT INFORMATION [check all that apply]			
Type of Operation	Permit Type		
□ Bakery **	□ Permit Renewa	al □ New Operation	
□ Bed & Breakfast		ssification/Remodel	
□ Candy Kitchen/ Confectioner **	□ Change of Ow	nership □ Change of Name*	
□ Caterer**	*previous establishment name:		
□ Convenience Store (prepackaged foods only)			
□ Convenience Store w/ food service	Sewage Treatme		
□ Espresso Stand /Tea Room(non-hazardous foods only)**		System	
□ Farmer's Market (operate at Market only)**		System/Drainfield*	
□ Food Establishment; # seats (see risk classification		/stem/Drainfield* □ Holding Tank*	
on back)	*submit complete	d/approved Form C	
□ Grocery w/ 1-4 check-stands			
□ Grocery w/ 5+ check-stands	Water Source		
□ Grocery w/ Deli	□ Municipal Wat		
□ Grocery w/ Bakery		System* (name)	
□ Grocery w/ Meat/Fish Market		ll* Water source metered? □yes □no	
□ Institutional Kitchen (full kitchen)	*submit complete	d/approved Form C	
☐ Institutional Kitchen (satellite kitchen)	0.1.1.1		
□ Mobile Cart **	<u>Schedule</u>		
□ Non-profit (attach proof of tax exempt status)		nd Hours:am/pmam/pm	
□ Wineries/Breweries/Distilleries		thru:	
** submit completed restroom &/ or commissary agreement, if	Circle days open	: Mon Tue Wed Thur Fri Sat Sun	

Meals Served: □ breakfast

□ lunch

 \Box dinner

RISK CLASSIFICATIONS		
dogs, and includes sectioning of melons, of the package, and preparation of espres eat foods, such as sandwiches, without of	ed to a permit that allows limited preparation steps of potentially hazardous heating of individually pre-packaged ready-to-eat foods for immediate servesso and/or blending drinks. It also includes cold holding of commercially preparation of the package. Risk 1 does not include hot holding of food. Mobil y as are mobile trucks with frozen foods or meats. These types of operations	vice without opening re-packaged ready-to- e card operations with
holding, and serving potentially hazardou baking bread, frying donuts, and grilling baking, making smoothies with raw ingre- waffle cones or cake mixes. Grocery sto	ned to a permit that allows food processing steps such as receiving, storing, us foods. It does not include hot holding of food. It includes limited prepar or toasting sandwiches for immediate service. Examples of this type of opedients (fruit, eggs, etc.), opening ready to eat prepackaged foods for heating bres with pre-packaged raw meat, poultry, or seafood are also included. The nal visit each year with the exception of schools which reviewed two routines.	ration steps, such as eration include on-site g or service, cooking ese operations receive
cutting, cooking cooling, cold holding, re	ed to a permit that allows operations with complex food preparation steps, in eheating, hot holding, and serving of potentially hazardous foods. It includes including meat and seafood markets and mobile trucks. These operations reh year.	es all operations that
OWNERSHIP INFORMATION		
Name:	Address:	Phone:
with any changes in your mailing address or if you of Health. A late fee of \$103 will be assessed if pa can be paid semi-annually. I attest to the accuracy of the information supplications. I understand that I cannot	s expire on December 31st of the permit year. Renewal applications are mailed each year in Not do not receive a renewal application. Permit fees for food service establishments are adopted ayment is not received in the office by the last working day of December. This is an annual lie lied and agree that the applicant/facility will comply with Washington State and Island Copen this food service establishment until I have received written approval from the ICP aspection. Enclosed is the non-refundable \$103.00 plan review fee.	by the Island County Board cense that after the 1 st year ounty Public Health

FORM A

Signature of applicant/title

Date